

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 18, 2002

Re: IRO Case # M2-03-0261

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a now 57-year-old female who in ___ slipped and fell, landing on her buttocks. She developed back and lower extremity pain. In April, 1996 a laminectomy and fusion were performed at the C4-5 level. While the patient has improved, she has never been without discomfort with some extension into her lower extremities since then. Her discomfort has been significantly worse in the past several months and CT and MRI scanning show rather chronic changes, especially in the levels above her fusion, but with some questionable disk difficulty at the L5-S1 level also.

Requested Service

Epidural steroid injections x 4 under fluoroscopic control, epiduragram

Decision

I agree with the carrier's decision to deny the requested epiduragram.

I disagree with the carrier's decision to deny the requested epidural steroid injections.

Rationale

The epiduragram is not indicated because it is very doubtful that it would provide any information that has not been obtained from other tests, especially in view of the fact that the patient has had chronic changes throughout her lumbar spine, and a major operative procedure has been pursued.

The patient continues to have significant lower extremity discomfort on the right side along with back pain, and straight leg raising is positive bilaterally. While there is no specific neurologic finding to suggest nerve root pathology, the irritation of nerve roots may well be a factor in this patient's discomfort. Under these circumstances, epidural steroid injections are beneficial on occasion. In this patient's case, there is very little else to pursue except for major procedures for pain relief. While probably not curative in relieving her completely, these injections may be helpful.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,